

south yorkshire eating disorders association

**BUSINESS PLAN**  
**April 2017 – March 2020**

## 1.0 Executive Summary

### 1.1 History of the organisation

SYEDA is an independent charity, originally established in the mid-1990's by committed professionals, former sufferers and a group of families affected by eating disorders and who were concerned that there was nowhere to go for support. Then called Sheffield Eating Disorders Association, a management committee was formed in 1996 and by 1999 the group had developed to include another self-help group, this time for carers. The management committee, which consisted of service users and interested professionals, recognised the need for a dedicated resource centre from where additional services could be delivered. Sufficient funding was secured to open a small office which allowed the organisation to offer a wider range of services. The organisation became a registered charity and changed its name to South Yorkshire Eating Disorders Association (SYEDA).

In 2006 SYEDA moved into the Healthy Living Centre, Uppertorpe from where services were delivered. By 2009 SYEDA had become a company limited by guarantee. The organisation continued to grow and demand was outstripping resources as the national profile of eating disorders increased. Larger premises to support expansion were found in 2009 and SYEDA moved into Bedford Street.

SYEDA follows the NICE (National Institute for Clinical Excellence) Guidelines on eating disorders. Our first patron, Professor Janet Treasure, is Head of the Eating Disorders Unit at the Maudsley Hospital in London. It is she who has pioneered an approach to treating eating disorders that includes both service users and carers in what is called 'Collaborative Care'. This is the Maudsley Method upon which SYEDA models its activities and philosophy. The board of SYEDA has always had representation from service users, carers and interested professionals.

SYEDA currently provides: one to one therapy; support groups for sufferers and carers; a resource library; education, training and outreach; occupational therapy; complementary therapy; university drops-ins; and various courses and workshops. These activities take place across Sheffield Rotherham, Barnsley, Doncaster and North Lincolnshire.

### 1.2 Review of 2014-17

In the last three years SYEDA has transformed the reach and professionalism of its services and put its finances on a stronger footing. Many of our ambitions set out in the last business plan have been achieved such as building key relationships with NHS commissioners which has resulted in considerable funding commitments and securing a grant from the Big Lottery Fund. Through this we have been able to expand SYEDA's services significantly reaching into Rotherham, Barnsley, Doncaster and North Lincolnshire. We have improved our website and secured continuation funding for our services for under 25 year olds in Sheffield. The staff team has doubled in size bringing a wider range of skills and specialism as well as a much needed management team to steer the future of the charity. The Board of Trustees has also increased in numbers and specialism to aid and support the management team in strategic direction and governance.

There is certainly more work to be done, as this business plan will address. Some of the outstanding aims from 2014-17 include acquiring a quality mark, reviewing our premises and improving our ability to report on the impact and quality of SYEDA's services. Not all of these priorities will be carried forward as this document represents a dynamic process which adapts to the current needs and priorities of the charity, regularly reviewed in light of circumstances and the future climate.

### 1.3 Key points of the business plan

SYEDA has come so far in the last 3-4 years that the next few years are crucial in establishing ourselves as the key provider for awareness raising, prevention and support of people affected by eating disorders across South Yorkshire and beyond. Our unprecedented expansion has raised some fundamental questions about our mission as a charity and our next steps in working towards our vision.

Two questions were recently posed at a coproduction workshop informing this business plan – is SYEDA an education and training or support charity and are we planning to consolidate our offer or grow over the next three years?

To the first question many participants felt passionate about SYEDA's unique offer in being able to deliver awareness raising sessions through to offering a clinical intervention followed by recovery support. Both sides of the coin are of value and importance to our identity and offer going forward.

To the second question there was more dissonance around the need to 'get our house in order' versus expanding, acquiring more funding and reaching more people. There was consensus, however, on the high priority to swiftly resolve our IT infrastructure and ensure we are clinically robust in the eyes of statutory partners. To this end the business plan reflects a phase of consolidation in Year One followed by areas for expansion in Years Two and Three.

Expansion could come through a number of avenues such as continuation funding from the Big Lottery Fund or other major grant givers. However the priority to maintain relationships with key statutory funders remains paramount to SYEDA's continuation and further reach. To this end, where funders outside of the South Yorkshire area are willing to purchase our services, we will weigh this against the advantage it can bring to our primary area of benefit and consider it in light of our resource and priorities. Many of our priorities in Years Two and Three involve scoping the feasibility of areas for development; we are fortunate to be in a position of demand but we are conscious that this does not impact our primary mission and aims and that we are not tempted to run before we can walk.

#### **1.4 How the business plan will be used and reviewed**

The business plan will be used to:

- evidence the need for our services and our strategic plans for funders and all stakeholders
- structure the work and priorities of the Board of Trustees

The Board will review the plan every three months at a regular Board meeting and update it accordingly. It will also be used to inform the agenda for an annual away day involving trustees, staff, volunteers and service users.

#### **1.5 Current pathway for sufferers**

The pathway for sufferers in Sheffield who access SYEDA's services is illustrated in Appendix A. This pathway is the same for young people and adults; however it assumes that the first point of contact for the sufferer is SYEDA. In reality for many cases the first point of contact is a statutory, NHS service such as their GP.

Currently, there is no formal pathway into eating disorder services for residents of other South Yorkshire localities; however those sufferers who self refer will enter a similar pathway to the one shown. In each locality a pathway for children and young people is being formulated and SYEDA will contribute to the development and implementation of this work during 2017/18.

An outstanding piece of work that would be useful for SYEDA's business planning process involves understanding in more detail: the pathway for sufferers in Rotherham, Doncaster and Barnsley; the difference between services available for adults and for young people; and the provision available for carers. Part of this work includes identifying the numbers of sufferers and carers identified in each locality.

## **2.0 Vision**

SYEDA's vision is that anyone affected by or at risk of an eating disorder can find the support needed for prevention and recovery.

## **3.0 Mission**

Our mission is to ensure that:

- Eating disorders are prevented or tackled before they become serious
- Eating disorders are quickly recognised and understood by those affected or at risk
- Sufferers, carers and professionals can find excellent information, guidance and therapies
- Professional services respond quickly, effectively, and seamlessly to provide the help needed

## 4.0 Values

In a recent exercise, a group of trustees, staff and service users identified the following values. We also agreed that we should build on this as a basis for the work that is needed on developing our brand.

The principles and values that are of particular importance to SYEDA are to:

- Be open and welcoming to all who feel that they need our help
- Ensure that none are excluded by location, service charges or background
- Listen respectfully and supportively, avoiding being judgemental
- Be positive and empowering in helping to improve well-being
- Communicate promptly, fully and honestly
- Be prompt, reliable, and effective in delivering our services
- Involve users in shaping our work
- Complement and support the effectiveness of NHS services

## 5.0 Evidencing the need for SYEDA's services

*'Without SYEDA I do not believe my daughter would be alive today, nor would I have been so able to help her.'* (Carer)

Eating disorders can affect anyone. In South Yorkshire alone, around 13,400 people are affected by an eating disorder and about 11% (1,474) of those are male<sup>1</sup>. Each year approximately 170 sufferers receive intensive support at the Sheffield Eating Disorders Service<sup>2</sup>; this figure has increased by 30% since 2014. Of those developing severe anorexia, a fifth will die prematurely of their illness<sup>3</sup> and many of those surviving will suffer serious lifelong damage to their health. A significant proportion of deaths (up to 40%) are as a result of suicide. The effects will be felt not just by sufferers but by their families and in their communities. Many carers face years dominated by the disease impacting upon their lives and their health.

But there is much that can be done to help prevent, alleviate and support recovery for many of those who suffer with this often poorly understood condition. In our experience, backed by an increasing body of evidence, the key elements of a service to combat eating disorders are: open and accessible information; prevention; early intervention and continuing support; joined up services and training; support for carers; post discharge support; and raising awareness, advocacy and campaigning.

These are reviewed below in the context of the NICE (National Institute for Health and Care Excellence) Guidelines for the treatment of eating disorders.

### 5.1 OPEN AND ACCESSIBLE INFORMATION

#### **NICE Guidelines – Providing good information and support<sup>4</sup>**

*1.1.2.1 Patients and, where appropriate, carers should be provided with education and information on the nature, course and treatment of eating disorders.*

*1.1.2.2 In addition to the provision of information, family and carers may be informed of self-help groups and support groups, and offered the opportunity to participate in such groups where they exist.*

SYEDA provides a welcoming environment that feels safe and is a place where those affected by eating disorders can find the information, professional guidance and peer support that they need.

<sup>1</sup> Figures extrapolated from BEAT statistics 2015 <https://www.b-eat.co.uk/about-beat/media-centre/information-and-statistics-about-eating-disorders>

<sup>2</sup> 10% of sufferers are anorexic, 40% are bulimic, and the rest fall into the EDNOS category, including those with binge eating disorder

<sup>3</sup> <https://www.b-eat.co.uk/about-beat/media-centre/information-and-statistics-about-eating-disorders>

<sup>4</sup> Nice Guidelines: Eating disorders in over 8s: management, 2004. New guidelines on the recognition and treatment of eating disorders are due out in May 2017.

Over the last three years we have invested in a new website and have improved upon internal systems for booking appointments. SYEDA aims to meet clients to assess their needs within 3 weeks and has a 90% success rate in this.

SYEDA's main base is in Sheffield and as our work expands across South Yorkshire and beyond it is important to consider the accessibility and appropriateness of our current base, whilst also ensuring SYEDA's value of having a welcoming approach can be delivered in any location by staff far and wide. Internal infrastructure systems also need significant improvement to match increasing demand and provide a high quality service.

*'I rang SYEDA because I didn't know where to turn. The team were really helpful and I soon found help and support. I started starving myself at 10. I didn't know then that I had an illness.'*  
(Sufferer)

## 5.2 PREVENTION

There are many causes and triggers for eating disorders. SYEDA's outreach work in schools and youth groups and our public information campaigns aim to overcome lack of awareness, poor self-image, and ensure that all those at risk know where to turn for help. Topics also focus on improving body image and understanding the effect of the media.

SYEDA's outreach awareness-raising is currently reaching approximately 1200 young people a year in Sheffield and 2000 across the rest of South Yorkshire and North Lincolnshire. Over the last three years we have expanded our Education and Training programme across South Yorkshire and beyond. This remains a service in demand and the challenge for us is to meet this demand and maintain the quality of service. We need to understand our strategic priorities for this service, prioritising our resources where they have the most impact for sufferers and carers and can open up further opportunities for SYEDA.

## 5.3 EARLY INTERVENTION AND CONTINUING SUPPORT

*'I wonder if my family and I had been able to turn to a service like SYEDA when I first became unwell, whether that early intervention would have stopped my eating disorder colouring over ten years of my life'* (Sufferer)

### **NICE Guidelines – Getting help early**

*1.1.3.1 People with eating disorders should be assessed and receive treatment at the earliest opportunity.*

We know that finding the right help early on greatly increases the speed and likelihood of recovery. SYEDA responds promptly to requests for help and offers a tailored menu of support based on an initial assessment of needs. This includes support groups, drop-in sessions, occupational therapy and talking therapies.

There is good evidence for the effectiveness of cognitive behavioural therapy (CBT) in treating eating disorders. Unfortunately IAPT (Improving Access to Psychological Therapies), the main NHS route for accessing CBT, is no longer available for those in South Yorkshire seeking help with an eating disorder. SYEDA has therefore trained two of its therapists to deliver guided self-help, which utilises CBT techniques. We are also working with Glenn Waller, an academic at Sheffield University specialising in eating disorders, to trial a new CBT approach to supporting clients with bulimia and binge eating. Widening our clinical expertise and contributing to research around eating disorders are two areas of development within SYEDA's support offer.

The universities in Sheffield employ two part-time specialist nurses to address the high incidence of eating disorders amongst the student population. An Outreach Clinic has been developed at the University of Sheffield Health Service which offers first line treatment and intervention including a CBT based intervention. Physical health monitoring including blood tests are also offered. Many students, however, choose to seek support and treatment via SYEDA.

Eating disorders are under-recognised by GP's, for example, in a BEAT survey carried out in 2017, 30% of sufferers who saw their GP were not referred to a mental health service<sup>5</sup>.

Specialist eating disorder services outside Sheffield (serving Barnsley, Doncaster, Rotherham and North Lincolnshire) are very limited. Increasing use is made of SYEDA and other Sheffield based services, but this is proportionately much less than in Sheffield.

*'The sessions were uplifting and made you feel there were ways you could help yourself'*  
(Sufferer)

#### **5.4 JOINED-UP SERVICES & TRAINING**

With its own wide-range of services, open door and comprehensive contact with other local services, SYEDA is able to guide sufferers, carers, and professionals around the available support options. We also have a user-informed perspective on the strengths and weaknesses of support services and we work to add value to these by providing specialist information and training for frontline healthcare workers and other professionals in touch with those at risk.

SYEDA is also the only service that sees more overeaters than under eaters; too little attention is placed on the emotional health factors influencing someone's relationship with eating. It needs to be more widely understood that offering someone discounted gym membership or dietary advice does not address underlying issues.

At present there is no single comprehensive pathway to services as the information above shows. SYEDA has a lot to offer and can provide that single point of entry that would reduce the number of sufferers requiring more costly and specialist input.

#### **5.5 SUPPORT FOR CARERS**

*'I now feel much better equipped to support my daughter and care for myself - I feel positive about the future'* (Carer)

Carers can be a crucial resource for recovery as well as having their own support needs. Although the sufferer alone can change their attitude to food, they cannot do it alone. SYEDA is the leading service providing support and training that is tailored to the needs of carers of people with eating disorders regardless of whether the person they care for is accessing services. In 2016/17 SYEDA assessed 37 carers for support. 8 attended our 'Treading on Eggshells' training programme and over 30 individual carers attended at least one of our friends and family support groups. We will proactively promote our services to carers and will seek bespoke funding to increase take up and provision further.

#### **5.6 POST DISCHARGE SUPPORT**

##### ***NICE Guidelines – Post-hospitalisation psychological treatment***

*1.2.2.11 Following inpatient weight restoration, people with anorexia nervosa should be offered outpatient psychological treatment that focuses both on eating behaviour and attitudes to weight and shape, and on wider psychosocial issues, with regular monitoring of both physical and psychological risk.*

*1.2.2.12 The length of outpatient psychological treatment and physical monitoring following inpatient weight restoration should typically be at least 12 months.*

NHS Sheffield's Eating Disorders Service (SEDS) is the primary conduit for specialist acute services, referring the most serious cases to a limited number of residential placements. The Northern General Hospital also admits patients to a general medical ward. In 2013 more than 40 sufferers were admitted to in-patient facilities in Sheffield. Children and Adolescent Mental Health Services (CAMHS) in Sheffield have a dedicated eating disorder's inpatient unit for up to 16 year olds. This does not

<sup>5</sup> <https://www.b-eat.co.uk/support-us/campaigning>

provide acute services although it may still be providing support to sufferers and their carers during this phase of their illness.

There can be considerable waiting times for acute services and they can only be accessed by those who already have an advanced condition. Sufferers leave acute services while still quite vulnerable and there is very little provision for continuing support. Cost of acute services is very high (e.g.: residential services cost in excess of £400 per day).

SYEDA can offer support to sufferers and carers in the time they wait for acute services and in the step down back into the community to prevent relapse. This is an area of service that SYEDA could develop over the next three years.

*'The sessions have helped me realise that I have the strength in me to change and that I alone can do it so I'm therefore not as vulnerable as I once believed'* (Sufferer)

## **5.7 RAISING AWARENESS, ADVOCACY AND CAMPAIGNING**

SYEDA has a role in promoting discussion of good practice in eating disorder care and in campaigning for services that meet needs. Both the staff and Board regularly attend key decision making bodies in Sheffield including the Mental Health Partnership Board and the Health and Wellbeing Board. SYEDA is also a member of the Rotherham Children, Young People and Families Consortium. We take a proactive approach to influencing commissioning plans and holding services accountable.

We advocate for sufferers and carers on a case by case basis and campaign throughout the year, and especially during Eating Disorders Awareness Week, in order to raise the profile of eating disorders and the needs of those affected by them.

## **5.8 SERVICES OUTSIDE OF SHEFFIELD**

SYEDA's beneficial area is South Yorkshire. SYEDA's operational area is South Yorkshire and beyond where this assists in providing services within our beneficial area, such as through economies of scale, by securing resources, or making services more coherent. Provision outside of Sheffield for eating disorders, especially amongst adults, is very limited. Clinical Commissioning Groups (CCGs) across South Yorkshire and beyond have been keen to engage with SYEDA's education, training and clinical services in their area. Working alongside children and adult mental health services in these locations is an area of continued growth for SYEDA over the next three years.

## **5.9 COPRODUCTION**

### ***NICE Guidelines – Research recommendations***

*Patient and carer satisfaction is an important outcome and may influence treatment approaches. It should be considered a routine outcome in research.*

It is central to the philosophy of the organisation that sufferers and carers are involved throughout the process of designing, delivering, evaluating and governing of our services. There is former sufferer and former carer representation on the Board of Trustees which contributes to the coproduction of the strategic direction and governance of the charity. Many of SYEDA's volunteers are also former clients and for many, the act of volunteering forms a significant step in their recovery.

SYEDA has, for many years, prided itself in being a 'user-led charity' however genuine involvement in the day-to-day activity is an ongoing challenge, particularly as SYEDA delivers more externally commissioned services. There is a significant amount of work to be done to refocus SYEDA's core value around user involvement.

## **6.0 Aims & Outcomes**

SYEDA's aims are listed below. Each aim is accompanied by how SYEDA's work contributes to the aim and how we will measure our effectiveness. Our aims are wider than our own services and are

focused on the whole range of people who come into contact with eating disorders. Ultimately our mission to see eating disorders prevented and tackled before they become too serious can only be evaluated through overall measurement of presentation of cases to the NHS. The measures focused on below are those within the gift of SYEDA to collect and evaluate. As identified later in this plan, SYEDA needs to carry out significant work around evaluating our outcomes and impact. As part of this work, the below aims, activities and outcomes are subject to change.

### **6.1 We aim to prevent eating disorders by raising awareness and increasing resilience amongst those at risk**

#### **How will we do this?**

- Education and training in schools, colleges and youth groups for 11-16 year olds
- Training sessions for staff in schools
- Information sessions for parents or guardians

#### **How will we measure our effectiveness?**

- Participants report improved understanding of eating disorders
- Participants report Improved self-esteem and body image
- Awareness raising activity results in direct referrals for sufferer and carer support services from SYEDA

### **6.2 We aim to support early diagnosis, prompt assessment, and early intervention**

#### **How will we do this?**

- Training sessions for professionals (e.g.: GPs, gym staff etc.)
- Respond in a timely manner to enquiries and offer initial assessments swiftly
- A range of therapeutic interventions are offered to accommodate the breadth of client need and severity (e.g.: guided self help through to Dynamic Interpersonal Therapy).
- Assessments identify suitable therapeutic intervention and offer support during any wait for an intervention to begin

#### **How will we measure our effectiveness?**

- There is an increase in referrals from professionals
- There is an increase in referrals at an earlier stage of the sufferer's eating disorder
- Clients are offered a therapeutic intervention and/or support within 3 weeks of a referral
- SYEDA refers fewer clients to acute services due to effectiveness of early intervention

### **6.3 We aim to provide high quality and effective information and therapeutic support for anyone providing care or affected by an eating disorder**

#### **How will we do this?**

- Offer a range of services for sufferers including support groups, discussion groups, talking therapies, occupational therapy etc.
- Offer a range of services for carers including support groups, talking therapies and 'Treading on Eggshells' course
- Offer an accessible environment where clients feel safe and welcome
- Offer information on our website and link to current research and best practice as well as self help materials

#### **How will we measure our effectiveness?**

- Positive feedback from customer satisfaction surveys
- Positive post recovery feedback results from sufferers and carers
- Increased referrals from across South Yorkshire and beyond
- Increased hits on website from across South Yorkshire and beyond



## **6.4 We aim to develop clearly understood support pathways and joined-up working between services across South Yorkshire and beyond**

### **How will we do this?**

- Work with local partners to map and monitor sufferer and carer pathways
- Actively pursue opportunities in new areas, spreading resource equally across South Yorkshire and beyond
- Engage with national and local agendas affecting pathways and delivery of relevant services
- Campaign for appropriate resource to be allocated to eating disorder pathways
- Actively support relevant research into eating disorder interventions

### **How will we measure our effectiveness?**

- Increased referrals from across South Yorkshire and beyond
- Sufferers and carers report effective and efficient signposting between services
- SYEDA is valued as a key partner in discussions around eating disorder pathways across our areas of operation
- Staff, clients, volunteers and partners are able to clearly articulate SYEDA's offer

## **6.5 We aim to ensure the availability of long-term, post-discharge and relapse prevention support**

### **How will we do this?**

- Offer ongoing support and discussions groups for sufferers and carers
- Complete relapse prevention plans with all clients
- Offer an accessible environment where clients feel safe and welcome

### **How will we measure our effectiveness?**

- Positive feedback from customer satisfaction surveys
- Positive post recovery feedback results from sufferers and carers
- SYEDA's clients maintain their recovery within one year of accessing services

## 7.0 Priorities

The following priorities were compiled and considered by a range of stakeholders including staff, volunteers, clients and trustees of SYEDA through a series of iterative coproduction activities.

YEAR	SERVICES	STRATEGY	RESOURCES
Y1 2017-18	<ul style="list-style-type: none"> <li>Ensure robust policies and procedures are in place; consolidate and strengthen current service models</li> <li>Consistently measure quality and impact across services</li> </ul>	<ul style="list-style-type: none"> <li>Review SYEDA's portfolio of services*, capacity and skill base in light of increase in demand and contractual obligations, informed by NICE guidelines.</li> <li>Develop a coproduction strategy for service user voice and influence in SYEDA</li> <li>Participate in clinical research to further knowledge and understanding of eating disorders</li> </ul> <p><small>*To include considering the development of specific relapse prevention services and home based interventions</small></p>	<ul style="list-style-type: none"> <li>Increase free reserves to a minimum of £75k</li> <li>Work towards renewing all CCG funding arrangements and Big Lottery continuation funding for 2018/19 onwards</li> <li>Recruit a new Chair of Trustees</li> <li>Improve IT infrastructure</li> <li>Review software requirements needed for data collection and evaluation</li> <li>Carry out a review of staffing needs (admin, fundraising etc.)</li> </ul>
Y2 2018-19	<ul style="list-style-type: none"> <li>Review model of delivery for education and awareness raising work beyond Sheffield</li> <li>Create plan for increasing take up of services from male sufferers</li> <li>Review viability of working with younger clients (primary school age)</li> </ul>	<ul style="list-style-type: none"> <li>Assess feasibility of partnerships with weight management services</li> <li>Improve brand awareness of SYEDA – implement marketing and communications strategy</li> </ul>	<ul style="list-style-type: none"> <li>Increase all CCG Funds to a more realistic level to accommodate current and future service delivery</li> <li>Assess viability of current office and therapeutic accommodation across localities</li> </ul>
Y3 2019-20	<ul style="list-style-type: none"> <li>Consider opportunities and challenges of working with more 'severe' clients</li> </ul>	<ul style="list-style-type: none"> <li>Create a strategy for becoming a regional centre for knowledge and research around eating disorders</li> </ul>	<ul style="list-style-type: none"> <li>Increase free reserves to £100k+</li> </ul>

Key Performance Indicators 2017-2020	Education and Training	Training Professionals	Assessments	Therapeutic interventions	Carers	Reach in South Yorkshire
	Work with 3000 young people per year	Train 500 professionals per year	Assess 450 people per year	Provide therapy to 200 people per year	Support 40 carers per year	Double take up of services outside Sheffield

## 8.0 Resources required

### 8.1 Staffing

Current staffing levels (February 2017):

- Chief Executive Officer – 1 FTE
- Clinical Manager – 1.2 FTE
- Education and Outreach Manager – 1 FTE
- Education and Outreach Worker – 1.5 FTE
- Administrator - 0.7 FTE
- Occupational Therapist - 0.5 FTE
- Youth Therapist - 0.4 FTE
- Therapist - 0.2 FTE
- Counsellor - 0.8 FTE

The current service has fully-stretched its reach in terms of services offered and numbers of individuals engaged. Its capacity to do yet more is very limited, which significantly impacts upon our aspirations to be genuinely South Yorkshire wide and accessible to all regardless of age or severity.

We have identified a number of urgent posts required to address competing demands both from service users and from stakeholders as follows:

- Assistant/trainee psychologist - to deliver CBT 10 programme in partnership with the University of Sheffield
- Mental Health Practitioner - to deliver 1-2-1 clinical interventions for adults and young people in Rotherham, Doncaster and North Lincolnshire
- Education and Training Officer - to meet increasing demand for our workshops and education sessions

We anticipate that all three posts will be in place by end of April 2017.

We have one further year left on our contract with Sheffield CCG to deliver services to under 25 year olds. This funds three part time posts (Outreach and Education Worker, Occupational Therapist and Youth Therapist). Continuation funding would need to be sought commencing April 2018.

We have one further year of our contract with RDASH NHS trust that funds our educational and clinical activities in Rotherham, Doncaster and North Lincolnshire. Discussions have commenced regarding re-commissioning this contract, also from April 2018.

Our three year funding relationship with the Big Lottery ends in June 2018; this currently funds a number of posts and meets a good proportion of our core costs. Discussions with the Big Lottery regarding continuation or alternative funding must be a priority in year one of this business plan.

We have a two year contract with Sheffield Clinical Commissioning Group (CCG) (ending March 2019) which part-funds our Clinical Manager post.

### 8.2 Volunteers

SYEDA has traditionally had a strong volunteer base, attracting over 80 volunteers in the space of one year. Volunteers took on roles such as fundraising, befriending, facilitating support groups and being a member of the Board. Volunteers often have personal experience of eating disorders and bring an inspiring amount of energy and commitment to the role they fulfil. For those in recovery, volunteering at SYEDA can be a significant part of this journey in helping individuals to move on.

As our staffing capacity increased from 2015 we chose to limit our reliance on volunteers. We also undertook an analysis of risk and decided to halt the befriending scheme which had involved a lot of volunteers over the years. We also assessed the level of input required from our paid staff to recruit, train, support and utilise volunteers and how much we gained in return. In many instances the effort was not matched by outputs. This situation was compounded by the departure of our Volunteer Coordinator. This allowed us to consider our volunteering needs in light of the above. We have chosen to limit our volunteering needs to 4 core areas:

- Clinical - particularly those with additional or underrepresented skills i.e. drama, CBT
- Support group facilitators - a key requirement if we are to expand the location and variety of support groups
- Education and outreach - restricted to those who bring specific skills sets i.e.: teachers or public health practitioners
- Admin - to support the activities of all our teams and to work alongside our over-stretched administrator.
- Fundraising – organisers and participants in a variety of activities to increase much needed unrestricted funds

We are also keen to engage more constructively with academic institutions to enlist the input of researchers or specialists i.e. marketing, data analysis etc. However careful consideration needs to be given to who manages and coordinates their activities. It is not our intention going forward to employ a dedicated Volunteer Coordinator; we will instead allocate responsibility for identifying and meeting unmet need to the management team.

### **8.3 Premises**

Our current premises are a drain on our resources amounting to circa £20,000 per year to run. Our premises are also underutilised with our therapy rooms (3 in total) being in use for less than 50% of the week. We also have under used space elsewhere in the building (front and back rooms) which have potential for a number of functions. We need to continue to explore how to utilise this unused space. The option of renting space to another service no longer feels viable as it would limit our access to this space which has proved invaluable as our staff team has expanded. We are also considering the viability of establishing an OT kitchen or family therapy room in one of the under used spaces. This will require funding to achieve.

Our current premises does afford us a number of benefits; it provides an ideal space for delivering training; it easily accommodates our support groups. The therapy rooms are 'fit for purpose', the environment is well regarded by services users citing its 'non-clinical', and welcoming atmosphere as positives. We also have the option of using one of the lower rooms as additional office space to offset the cramped working environment on certain days.

Our landlord has extended our lease until the 30<sup>th</sup> of September 2018. It is imperative therefore that discussions take place with her to establish her willingness to extend further if this were to be our aspiration.

Other options to consider are:

1. Relocation to cheaper accommodation - this might prove unrealistic given the property market in Sheffield
2. Co-location with suitable organisation - limited options given the size of office space we require

### **8.4 Equipment**

Our IT capabilities are impaired by a number of pressing issues:

- Poor broadband speed and reliability
- No central case notes/data management system

Though costly, resources need to be found to address our data collection deficiencies as this limits efficiency. Our current IT provider (Voluntary Action Sheffield) is exploring broadband and phone line options which should address issues around speed etc.

Our printing and photocopying needs are adequately met and do not need addressing. We need to make better use of available technologies and explore benefits of tablets for remote/detached workers.

### **8.5 Finances**

SYEDA has successfully managed a mix of funding including contracts from statutory sources, particularly CCGs, substantial three year funding contracts such as Comic Relief, the Big Lottery, RDASH (Rotherham, Doncaster and South Humberside NHS Foundation Trust), and income from

one-off fundraising activities and donations. A useful contribution is made by charging for some services but it is unlikely that this will ever be more than a small part of the total needed.

Our last Business Plan began with a period of cost reduction to eliminate deficits in the face of a fall in unrestricted reserves to £30k, less than half our target level. At the same time there was a search for new funding to sustain and expand our work in response to growing and unmet needs, and to re-build reserves.

SYEDA's financial position has changed significantly following the award of a 3 year £300k Big Lottery grant and the award of CCG Future in Mind funding contracts including £90k over 2 years in Sheffield and £166k for work in Barnsley, Doncaster, Rotherham and North Lincolnshire.

The main blocks of funding for 2017/18 are already in place but the picture beyond March 2018 is as yet uncertain with two-thirds of our annual revenue due to end early in 2018/19. SYEDA is working with current funding partners to try and secure renewed funding which could mostly be for a further 3 years.

Our restricted reserves are budgeted to rise to £75k by March 2018. This amounts to approximately 3 months turnover. We hold unrestricted reserves to ensure that, as a last resort, we are able to meet wind-up costs such as our premises lease and redundancy costs (approximately £25k) in the unlikely event of this being necessary. We also consider it prudent to allow for sustaining essential core costs for a period of 12 months (£50k) and to provide some flexibility in dealing with contract risks and uncertainties for which we allow a month's total turnover (£25k). This gives a total reserves target of £100k and we aim to reach this by the end of this Business Plan period.

Our specific funding objectives are:

1. To increase unrestricted reserves by £6k to at least £65k by March 2018, in line with our Reserves Policy (at March 2017 they stood at £59k).
2. To secure additional 3 year Future in Mind funding from the three South Yorkshire CCGs to take us to March 2021.
3. To secure additional funding from Sheffield CCG to ensure that work in Sheffield is properly funded and to fund increased early intervention, more joined-up assessments and services, and additional support to prevent relapse after discharge from acute services.
4. To diversify funding streams so we are not reliant on consistent funding from one CCG i.e.: from different CCGs and local authorities, varied charitable trusts etc.
5. To secure renewal of Big Lottery funding of around £260k over three years to consolidate work in Barnsley and Rotherham and extend the reach of our services to residents of Doncaster.
6. To build up the revenue that we can reliably generate ourselves through regular donations, fund raising activities and, where appropriate, charging for use of some services.
7. To raise additional funds to meet a range of specific and one-off needs including:
  - Create OT kitchen
  - Ensuring ICT systems are fit for purpose

## 9.0 Risks and Governance

SYEDA has robust risk and governance procedures in place. The organisation's Risk Register summarises the key areas of risk for the organisation and how we plan to mitigate them. The highest areas of risk are clinical governance, safeguarding, financial, employment and interdependent risks.

An organisation that works with individuals suffering mental health problems will always have high risk around potential clinical and safeguarding issues. It is imperative that SYEDA has robust policies and procedures in place around these areas and that all staff members and volunteers are regularly trained and supported to implement these policies.

Financial and interdependent risks are areas that SYEDA has little control over which is why they post a high risk to the sustainability of the organisation. There are key mitigating actions that the organisation can take however such as building healthy reserves and fostering key partnerships as well as always remaining on the front foot, planning for potential changes rather than reacting to them.

## **10.0 Communications and marketing**

SYEDA has a positive reputation within Sheffield and beyond into South Yorkshire and has been proactive around communications and marketing at times. Over the last three years a newly designed and implemented website has made a marked improvement on SYEDA's accessibility and professionalism.

As our services have expanded across localities it has become clear that SYEDA has a low profile and insufficient brand awareness. A huge amount of work needs to be done to improve our brand, marketing and communications which has been identified as a priority in Year One of this plan.

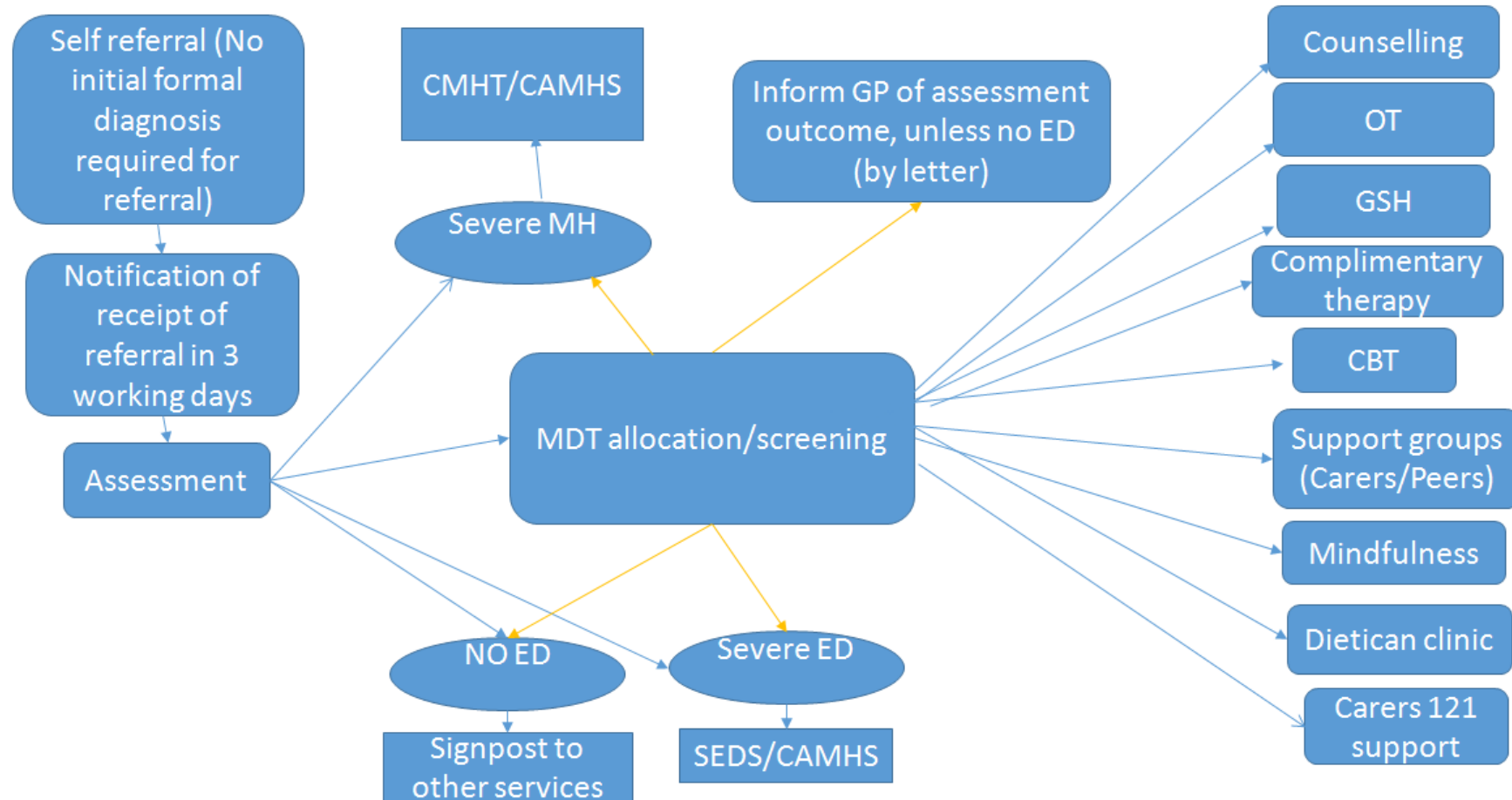
## **11.0 Monitoring and Evaluation**

It is imperative that as an organisation we know what we do well and can evaluate the effectiveness of our services. It is also central to the philosophy of the organisation that sufferers and carers are involved in evaluating our services. There are some aspects of this that we already do well however there is room for improvement and to streamline current approaches.

SYEDA has some distance to travel around effectively monitoring and evaluating the range of services provided. Reporting on outcomes for funders is an area where SYEDA has often focused its attention and consequently we deliver well in this area. Customer feedback is regularly gathered and recorded but a systematic approach to monitoring across the organisation is yet to be developed.

Significant work needs to be carried out to attain a sufficient level of evaluating our outcomes and impact; this is therefore a priority in Year One of this business plan.

# South Yorkshire Eating Disorders Association Care Pathway (Sheffield)



STRENGTHS	WEAKNESSES
<p><b>Service Delivery</b></p> <ul style="list-style-type: none"><li>• Unique geographic placement: sole provider covering South Yorkshire and North Lincolnshire</li><li>• Varied portfolio of services and specialisms: prevention / treatment / recovery</li><li>• Safe place for services users</li><li>• Dedicated and energetic staff</li></ul> <p><b>Finances and Fundraising</b></p> <ul style="list-style-type: none"><li>• Responsible governance model</li><li>• Varied financial contributors</li></ul> <p><b>Communications</b></p> <ul style="list-style-type: none"><li>• Brand presence and recognition on social media</li></ul> <p><b>Governance</b></p> <ul style="list-style-type: none"><li>• Dedicated trustees with diverse and relevant skills</li></ul> <p><b>Misc</b></p> <ul style="list-style-type: none"><li>• Solid stakeholder engagement</li></ul>	<p><b>Service Delivery</b></p> <ul style="list-style-type: none"><li>• Lack of data - service outcomes, quality and effectiveness</li><li>• Lack of service user / carer engagement</li><li>• Unclear market positioning – where does SYEDA fit in the broader spectrum of eating disorder services?</li><li>• Insufficient staffing levels for demand</li><li>• Ineffective IT / infrastructure</li></ul> <p><b>Finances and Fundraising</b></p> <ul style="list-style-type: none"><li>• Lopsided financial model - restricted funds too high due to insufficient focus on securing unrestricted funding</li></ul> <p><b>Communications</b></p> <ul style="list-style-type: none"><li>• Branding/ market position unclear</li><li>• Digital presence not optimised – website/social media not up to date</li></ul> <p><b>Staffing</b></p> <ul style="list-style-type: none"><li>• Staff turnover and change in personnel – insecurity of roles and funding</li></ul> <p><b>Governance</b></p> <ul style="list-style-type: none"><li>• Lack of professional business focused leadership</li><li>• Clinical governance incomplete</li></ul>



## THREATS

### Service Delivery

- SEDS/CAMHS – statutory provision, introduction of self-referrals
- Nature of current performance related contracts and confidence in delivery
- Increase in demand not matched by capacity

### Finances and Fundraising

- Reliance on non-diversified funding pools
- Funding to dictate service portfolio rather than service user needs

### Communications

- Inconsistent messaging/ lack of dedicated and attention to detail

### Staffing/ Governance

- Increased attrition
- Low morale
- Interrupted service

## OPPORTUNITIES

### Service Delivery

- Clarify / define SYEDA offer and market positioning - establish as Northern lead in eating disorders knowledge and expertise
- Define SYEDA offer and processes internally
- Increase diversity of portfolio of services and treatment
- Broaden, define and embed geographic outreach
- Incorporate NICE guidelines

### Finances and Fundraising

- Broaden SYEDA's influence among market players - CCG's
- Diversify funding sources public and private fundraising

### Communications

- Increase SYEDA's presence – internet, social media, newsletters, research, bulletins, regional conference organisation.
- Increase collaboration with universities and research institutions

### Staffing

- Secondment/co-locating with key partners i.e CAMHS/SEDS

### Misc

- More effective and useful – non contract related - service delivery evaluation data

## Appendix C: Budget 2017/18

<b>RESERVES SUMMARY</b>	Building	CCG	CCG	CCH		Big	Comic	The	<b>Total</b>	Un-	<b>Total</b>
<b>Forecast as at 31 March 2017 - V2</b>	Cap-abilities	CCG CAMHS	Health Fund	Main	RDASH	Lottery	Relief	Body Project	<b>Restrict ed</b>	restricted	
Reserves brought forward 1.4.16	1,450	0	17,535	0	0	16,163	18,071	7,910	<b>61,129</b>	31,029	<b>92,158</b>
Surplus/deficit, forecast 2016/17	-1,500	1,363	-18,826	7,897	18,558	6,965	-16,052	-3,964	<b>-5,560</b>	29,601	<b>24,041</b>
<b>Reserves balance at 31.3.17</b>	-50	1,363	-1,291	7,897	18,558	23,128	2,019	3,946	<b>55,569</b>	60,630	<b>116,199</b>
Deficit funded by unrestricted	50	0	1,291	0	0	0	0	0	<b>1,341</b>	-1,341	<b>0</b>
<b>Reserve carried forward 31.3.17</b>	<b>0</b>	<b>1,363</b>	<b>0</b>	<b>7,897</b>	<b>18,558</b>	<b>23,128</b>	<b>2,019</b>	<b>3,946</b>	<b>56,910</b>	<b>59,289</b>	<b>116,199</b>
Surplus/deficit, budget 2017/18	0	10,225	0	-4,645	-14,401	-24,225	-2,019	-3,946	<b>-39,011</b>	9,182	<b>-29,829</b>
Deficit funded by unrestricted	0	0	0	0	0	1,098	0	0	<b>1,098</b>	-1,098	<b>0</b>
<b>Reserves carried forward 31.3.18</b>	<b>0</b>	<b>11,587</b>	<b>0</b>	<b>3,252</b>	<b>4,157</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18,997</b>	<b>67,373</b>	<b>86,370</b>

COMMENT: This report is based on actuals to end March 2017 (prepared 30/3/17) and a proposed budget for 2017/18. There may still be final small adjustments in 2016/17 so the final figures submitted to the Independent Examiner may vary slightly. Activity and staffing in 17/18 is broadly as in 2016/17 but with an additional full time member of staff (mental health worker) and a half-time education worker from May. An allocation has been made within staffing to address any identified capacity issues but as yet no decision has been made regarding the nature of this post.

By the end of March 2018 we expect to increase unrestricted reserves to £67k, an improvement of £36k on March 2016 and in line with our reserves target. However, restricted reserves will have fallen to just £19k, highlighting the need for renewal of current funding arrangements. We can be confident about the projected income to March 2018. Most of it is already in place, and 17/18 unrestricted income is budgeted very conservatively, £10k below the level expected for 16/17.

The Board is asked to note the update for 16/17 and to adopt the 17/18 budget.

<b>2016/17 Forecast as at 31.3.17 V2</b>	Building Cap- abilities	CCG CAMHS	CCG Health Fund	CCH Main	RDASH	Big Lottery	Comic Relief	The Body Project	<b>Total Restrict ed</b>	Un- restricted	<b>Total</b>
<b>Income</b>											
Contractual income	0	0	0	29,854	0	0	0	0	<b>29,854</b>	0	<b>29,854</b>
Grants	0	45,000	0	0	79,360	86,721	0	0	<b>211,081</b>	2,184	<b>213,265</b>
Donations - Businesses	0	0	0	0	0	0	0	0	<b>0</b>	12,580	<b>12,580</b>
Donations - Individuals	0	0	0	0	0	0	0	0	<b>0</b>	3,031	<b>3,031</b>
Donations - Individuals - Gift aided	0	0	0	0	0	0	0	0	<b>0</b>	1,371	<b>1,371</b>
Fundraising	0	0	0	0	0	0	0	0	<b>0</b>	8,239	<b>8,239</b>
Service charges	0	0	0	0	0	0	0	0	<b>0</b>	6,783	<b>6,783</b>
Training income	0	0	0	0	0	0	0	0	<b>0</b>	255	<b>255</b>
Bank interest receivable	0	0	0	0	0	0	0	0	<b>0</b>	271	<b>271</b>
<b>Total income</b>	<b>0</b>	<b>45,000</b>	<b>0</b>	<b>29,854</b>	<b>79,360</b>	<b>86,721</b>	<b>0</b>	<b>0</b>	<b>240,934</b>	<b>34,714</b>	<b>275,648</b>
<b>Expenditure</b>											
Total Staff Salaries	0	36,819	16,903	18,343	50,905	65,285	10,414	696	<b>199,365</b>	1,919	<b>201,285</b>
Accountancy fees	0	0	0	0	0	0	0	0	<b>0</b>	400	<b>400</b>
Bank charges	0	0	0	0	0	0	0	0	<b>0</b>	75	<b>75</b>
Consultancy fee/ supervision fee	0	40	11	538	43	56	13	0	<b>700</b>	0	<b>700</b>
CRB Checks	0	8	2	4	65	11	2	0	<b>91</b>	1	<b>92</b>
Evaluation	0	0	0	0	0	1,000	0	0	<b>1,000</b>	0	<b>1,000</b>
Equipment	0	0	78	0	68	0	610	0	<b>755</b>	22	<b>777</b>
Fundraising costs	0	0	0	0	0	0	0	0	<b>0</b>	468	<b>468</b>
Insurance - Buildings	0	167	46	76	183	236	0	0	<b>707</b>	53	<b>760</b>
IT Equipment & Support	0	306	83	139	333	431	0	0	<b>1,292</b>	97	<b>1,389</b>
IT Equipment & Support	1,500	326	89	148	1,080	1,899	459	0	<b>5,502</b>	0	<b>5,502</b>
Light & Heat	0	685	187	311	748	966	103	0	<b>3,000</b>	115	<b>3,115</b>
Miscellaneous	0	20	5	9	56	103	6	541	<b>740</b>	-2	<b>738</b>
Office Expenses - hire costs	0	771	210	350	841	1,086	101	0	<b>3,359</b>	144	<b>3,503</b>
Office Expenses - Website	0	0	0	0	0	209	318	0	<b>528</b>	0	<b>528</b>
Professional fees/freelance/sessionoc	0	0	0	0	0	600	3,265	2,692	<b>6,557</b>	377	<b>6,934</b>
Rates	0	298	81	136	325	420	0	0	<b>1,261</b>	95	<b>1,356</b>
Recruitment	0	0	0	0	80	0	0	0	<b>80</b>	0	<b>80</b>
Rent	0	2,750	750	1,250	3,000	3,875	219	0	<b>11,844</b>	656	<b>12,500</b>
Repair and Renewals	0	201	55	91	219	283	17	0	<b>867</b>	161	<b>1,028</b>
Stationery, postage & supplies	0	282	77	128	362	408	51	0	<b>1,308</b>	182	<b>1,490</b>
Telephone & fax	0	280	76	127	321	395	38	0	<b>1,239</b>	51	<b>1,290</b>
Training & Courses	0	50	0	0	480	90	175	35	<b>830</b>	0	<b>830</b>
Travel & Subsistence staff	0	634	173	288	1,694	1,191	261	0	<b>4,241</b>	113	<b>4,354</b>
Venue Hire	0	0	0	0	0	1,000	0	0	<b>1,000</b>	150	<b>1,150</b>
Volunteer expenses	0	0	0	18	0	212	0	0	<b>230</b>	35	<b>265</b>
<b>Total expenditure</b>	<b>1,500</b>	<b>43,637</b>	<b>18,826</b>	<b>21,957</b>	<b>60,802</b>	<b>79,756</b>	<b>16,052</b>	<b>3,964</b>	<b>246,495</b>	<b>5,113</b>	<b>251,607</b>
<b>Net income 16/17 forecast</b>	<b>-1,500</b>	<b>1,363</b>	<b>-18,826</b>	<b>7,897</b>	<b>18,558</b>	<b>6,965</b>	<b>-16,052</b>	<b>-3,964</b>	<b>-5,560</b>	<b>29,601</b>	<b>24,041</b>

2017/18 Budget Version 10	Building Cap-abilities	CCG CAMHS	CCG Health Fund	ccg main	RDASH	Big Lottery	Comic Relief	The Body Project	Total Restricted	Un-restricted	Total
<b>Income</b>											
Contractual income	0	0	0	32,500	0	0	0	0	32,500	0	32,500
Grants	0	53,250	0	0	80,000	90,905	0	0	224,155	5,000	229,155
Donations - Businesses	0	0	0	0	0	0	0	0	0	0	0
Donations - Individuals	0	0	0	0	0	0	0	0	0	5,000	5,000
Donations - Individuals - Gift aided	0	0	0	0	0	0	0	0	0	0	0
Fundraising	0	0	0	0	0	0	0	0	0	10,000	10,000
Service charges	0	0	0	0	0	0	0	0	0	4,000	4,000
Training income	0	0	0	0	0	0	0	0	0	300	300
Bank interest receivable	0	0	0	0	0	0	0	0	0	0	0
<b>Total income</b>	<b>0</b>	<b>53,250</b>	<b>0</b>	<b>32,500</b>	<b>80,000</b>	<b>90,905</b>	<b>0</b>	<b>0</b>	<b>256,655</b>	<b>24,300</b>	<b>280,955</b>
<b>Expenditure</b>											
<b>Direct Costs</b>											
Total Staff Salaries	0	37,762	0	32,075	81,099	94,114	0	0	245,050	13,269	258,319
Consultancy fee/ supervision fee	0	0	0	600	0	0	0	0	600	0	600
Professional fees/freelance/sessionc	0	0	0	0	2,000	3,000	2,019	3,946	10,965	0	10,965
IT Equipment and Support	0	0	0	0	0	0	0	0	0	0	0
Fund Raising Costs	0	0	0	0	0	0	0	0	0	0	0
Membership fee BEAT	0	0	0	0	0	0	0	0	0	0	0
Venue Hire	0	0	0	0	0	2,500	0	0	2,500	0	2,500
Evaluation	0	0	0	0	0	1,500	0	0	1,500	0	1,500
Recruitment	0	0	0	0	0	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	500	0	0	500	0	500
Volunteer Training & Expenses	0	0	0	0	0	400	0	0	400	0	400
	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0
<b>Total Direct Costs</b>	<b>0</b>	<b>37,762</b>	<b>0</b>	<b>32,675</b>	<b>83,099</b>	<b>102,014</b>	<b>2,019</b>	<b>3,946</b>	<b>261,515</b>	<b>13,269</b>	<b>274,784</b>
<b>Overheads</b>	0	5,263	0	4,470	11,302	13,116	0	0	34,151	1,849	36,000
<b>Total expenditure</b>	<b>0</b>	<b>43,025</b>	<b>0</b>	<b>37,145</b>	<b>94,401</b>	<b>115,130</b>	<b>2,019</b>	<b>3,946</b>	<b>295,666</b>	<b>15,118</b>	<b>310,784</b>
<b>Net income/(expenditure)</b>	<b>0</b>	<b>10,225</b>	<b>0</b>	<b>-4,645</b>	<b>-14,401</b>	<b>-24,225</b>	<b>-2,019</b>	<b>-3,946</b>	<b>-39,011</b>	<b>9,182</b>	<b>-29,829</b>

#### Appendix D: Risk Register

See attached spreadsheet